

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10 / 552405

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3		2				
4		1				
5						
6		1				
7		1				
8		1				
9		1				
10		1				
11		1				
12		1				
13	1					
14		1				
15		2				
16			1			
17				1		
18				1		
19				1		
20				1		
21				1		
22				1		
23				1		
24			1			
25				1		
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43				1		
44				1		
45				1		
46				1		
47				1		
48				1		
49				1		
50				1		
TOTAL IND.	2		3			
TOTAL DEP.	14	←	20	←	←	
TOTAL CLAIMS	17		23			

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
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96						
97						
98						
99						
100						
TOTAL IND.					↓	
TOTAL DEP.		←			↓	←
TOTAL CLAIMS					←	←